

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

395.00

Complete If Known

Application Number	10/617,513
Filing Date	11 July 2003
First Named Inventor	Cox, Jr., Henry Wilmore
Examiner Name	Johnson, Edward M.
Art Unit	1754
Attorney Docket No.	1026-011

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-2504 Deposit Account Name: Michael N. Haynes

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100
Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	0	x 25	= 0			
HP = highest number of total claims paid for, if greater than 20						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	0	x 100	= 0			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	0 (round up to a whole number)	x 125 = 0	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination (RCE)

Fee Paid (\$)
0
395

SUBMITTED BY

Signature	<u>Michael N. Haynes</u>	Registration No. (Attorney/Agent)	40,014	Telephone	434-972-9988
Name (Print/Type)	Michael N. Haynes			Date	14 Mar 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

CERTIFICATE OF TRANSMISSION

RECEIVED
CENTRAL FAX CENTER
MAR 14 2005

Date of Transmission: 14 March 2005

I hereby certify that the following correspondence is being facsimile transmitted to the attention of the Director of the US Patent and Trademark Office on the above date via the following facsimile number: 703-872-9306.

PTO/SB/30 Request For Continued Examination (RCE) Transmittal (1 sheet)

Information Disclosure Statement (4 sheets)

Form PTO-1449 (4 sheets)

PTO/SB/17 Fee Transmittal Form (1 sheet)

PTO-2038 Credit Card Payment Form (1 sheet)

Amendment Under 37 C.F.R. 1.312 (11 sheets)

Application Number 10/617,513
Confirmation No.: 4000
Filing Date: 11 July 2003
Document Submission Date: 14 March 2005
Docket: 1026-011

Art Unit: 1754
Examiner: Johnson, Edward M.
Inventor: Cox, Jr., Henry Wilmore

Pages: 23

14 Mar 2005

Date

Eden Brown

Name of Certifier

Eden Brown

Signature of Certifier